

Contractors Material and Test Certificate
Fire Alarm and Fire Detection Systems

☐ Yes ☐ No – Fire Alarm System is ready for Fire Department acceptance testing. **Failure of test will result in termination of the testing and additional fees will be assessed.**

Date: _____ Permit # _____

Installing Company: _____

Installing Contractor's Address: _____

City: _____ Phone #: _____

Installers Name (PRINT): _____ License and/or Certificate: _____

Name of Facility: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Occupied As: _____ Owner or Rep: _____

Authority Having Jurisdiction: Auburn Fire Department Phone: 253-931-3060

General Contractor: _____ Contact Name: _____

Electrical Contractor: _____ Contact Name: _____

FACP Equipment Manufacturer: _____ Model #: _____

This system has been installed, PRE-TESTED and operates in accordance with the standards listed below. This system was inspected and PRE-TESTED by: _____ on _____ and includes the devices listed below.

_____ NFPA 72, Chapter 1,3,4,5,6,7 (circle all that apply)

_____ NFPA 70, *National Electrical Code. Article 760, Manufacturer's Instructions*

_____ Manufacturer's Instructions

_____ Other (Specify)

The above system is monitored by: _____ Proprietary _____ Remote _____ Central Station. Name of monitoring station is

_____ Phone #: _____ Contact Name: _____

Signed: _____ Date: _____

EQUIPMENT INSTALLED AND TESTED:

Control Panel: _____ of _____ Make / Model: _____

Manual Station: _____ of _____ Make / Model: _____

Smoke Detectors: _____ of _____ Make / Model: _____

Heat Detectors: _____ of _____ Make / Model: _____

Duct Detectors: _____ of _____ Make / Model: _____

Audio Devices: _____ of _____ Make / Model: _____
Visual Devices: _____ of _____ Make / Model: _____
Door Releases: _____ of _____ Make / Model: _____
Trouble indicators: _____ of _____ Make / Model: _____
Batteries: _____ of _____ Make / Model: _____
Battery Readings: _____ Full load _____ Charge
Generator: _____ of _____ Make / Model: _____
HVAC Controls: _____ of _____ Make / Model: _____
Alarm Dialer: _____ of _____ Make / Model: _____
Annunciator: _____ of _____ Make / Model: _____

SPRINKLER SYSTEM: (FIRE ALARM CONNECTIONS ONLY)

Water Flow Sw: _____ of _____ Make / Model: _____
Tamper Sw: _____ of _____ Make / Model: _____
PIV: _____ of _____ Make / Model: _____
Alarm Bell: _____ of _____ Make / Model: _____
W/P Strobe: _____ of _____ Make / Model: _____

Automatic Time Delay of General Alarm: _____ minutes: _____ None installed.

Do you meet audible / visible requirements of WAC 51-44 and NFPA 72? _____ Yes _____ No

Test of Alarm System on emergency power, satisfactory? _____ Yes _____ No

Comments: _____

COMPLETELY FILL OUT THIS TEST CERTIFICATE AND FAX TO:

**Auburn Fire Department
Fire Prevention Bureau
253-931-3055**